

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11685

(7)

1. Corporation Name

ADVANCED MICRO WELDING, INC.



Principal Place of Business

6215 118TH AVE. N. (6225)
LARGO FL 34643
US

Mailing Address

6215 118TH AVE. N.
LARGO FL 33773-3727
US

2. Principal Place of Business

21 6225 118th Ave N.
Suite, Apt. #, etc.

2a. Mailing Address

26 6225 118th Ave N
Suite, Apt. #, etc.

City & State

23 Largo, FL

City & State

28 Largo, FL

Zip

24 33773

Country

25 USA

Zip

29 33773

Country

30 USA

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

03/01/1996

4. FEI Number

59-3106582

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

RICE, KIM M
6215 118TH AVE. N.
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name

Kim Rice

82 Street Address (P.O. Box Number is Not Acceptable)

6225 118th Ave North

83

84 City

Largo,

FL

85 Zip Code

33223

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Kim M Rice

1-22-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOULOURGAS, PENELOPE
STREET ADDRESS 1351 N ARCTURAS AVE
CITY- ST- ZIP CLEARWATER FL ☒ DELETETITLE PD
NAME LOULOURGAS, DEMETRE
STREET ADDRESS 1351 N ARCTUROS AVE
CITY- ST- ZIP CLEARWATER FL ☒ DELETETITLE OO
NAME RICE, KIM M
STREET ADDRESS 6215 118TH AVE. N.
CITY- ST- ZIP LARGO FL 34643 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kim M Rice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

Date

813-530-7670

Daytime Phone #

CR2E034 (9/96)